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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, March 22, 2022 3:00 p.m.
REMOTE MEETING VIA WEBEX EVENT**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Laurie Green, M.D.

Excused: Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Adrian Smith, Dan Schwager, Jennifer Boffi, Karen Hill, Karrie Johnson, Kim Nguyen, Lisa Winston MD, Lukejohn Day MD, Michael Gerchow, Sue Carlisle MD, Susan Brajkovic, Terry Dentoni, Troy Williams, Daphne Nguyen, Basil Price, Dave Woods, Jim Marks MD, Leslie Safier, Nina Escobar, Mary Gray MD, Tess Marstaller

The meeting was called to order at 3:11pm

2) APPROVAL OF THE MINUTES OF THE February 22, 2022 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the February 22, 2022 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Daphne Nguyen, Director of Regulatory Affairs, presented the item.

Commissioner Comments:

Commissioner Green asked for more information regarding staff transferring patient information to the storyboard in EPIC. Ms. Nguyen stated that this process is done during registration.

Commissioner Chow asked for more information on the recent incident involving anti-abortion protesters. Ms. Nguyen stated that ZSFG leadership was concerned about patient safety. De-escalation activities were conducted and eventually, the protestors inside the building were arrested. She noted there was no physical altercation. Mr. Smith stated that the focus was on patient and staff safety; he noted that a quality review of the incident will be presented in closed session at a future JCC meeting. Dr. Ehrlich stated that ZSFG had protest protocols in place and noted this was the first incident of having protestors inside a ZSFG building.

4) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT AND EMERGENCY DEPARTMENT NEWSLETTER

Susan Ehrlich, Chief Executive Officer, presented the item.

SAFETY

1. COVID-19 - Returning Safely Together

San Francisco, similar to the rest of California, the U.S., and the world, is in a rapidly changing environment with respect to COVID-19. The following are the latest changes and updates in our COVID-related operations; we are continually assessing these policies and practices:

Updated Visitation Guidelines

ZSFG's multidisciplinary visitation team has been reviewing watch indicators to determine if it is safe to reinstate patient visitation. As of Tuesday, February 15th, with approval from HICS and in alignment with other hospitals, ZSFG opened inpatient visitation for COVID-19 negative patients. COVID-19 negative and recovered inpatients are now allowed one visitor per day. The remaining visitation guidelines still apply and all inpatient visitors must complete the following:

- Complete a health screening.
- Provide proof of full vaccination (includes booster if eligible) or negative COVID-19 negative test; antigen tests within 24 hours of visit and PCR tests within 48 hours of visit. At home tests are not accepted.
- Wear a hospital-provided mask.
- Check-in with the lobby team to ensure the patient they are visiting is eligible for visitors.
- Obtain a badge that is dated with an in and out time, and wear it visibly.

N95 Use and Meetings and Gatherings Update

In response to falling COVID-19 case rates, ZSFG has updated the guidelines for N95 use and for holding meetings and gatherings. These updates are effective March 7, 2022.

N95 Use

- Staff may opt to wear an N95 when providing direct care for patients who are not in respiratory isolation. At a minimum, both staff and patients will wear isolation masks.
- Staff may opt to wear an N95 when in contact with other staff. At a minimum, staff will wear an isolation mask when in contact with other staff in indoor spaces.
- Staff will continue to wear fit-tested N95s when providing direct care for patients in respiratory isolation.

Meetings and Gatherings Update

Indoor meetings are not discouraged. Organizers and attendees should decide what best suits the group's needs.

- Staff may opt to wear an N95. At a minimum, staff will wear an isolation mask when in contact with other staff in indoor spaces.
- Staff should observe normal room capacity limits. Maintaining a 6 foot distance is not required. The maximum number of attendees for indoor meetings is 35, even if the room capacity is higher.
- No food or drinks are permitted at indoor meetings or gatherings.
- Food and drinks are permitted at outdoor gatherings. The maximum number of attendees is based on the normal parameters for the outdoor location. Staff may opt to wear masks at outdoor gatherings.

Meetings Involving patients

Indoor patient meetings, e.g. educational meetings and support groups, can resume with a maximum of 15 patients. All participants will wear masks, and food and drinks are not permitted. If case rates continue to fall, further de-escalation may be possible. Conversely, in the event of another surge or other concerning developments, resumption of more stringent practices may be required.

QUALITY

2. Successful Licensing Survey for the Mental Health Rehabilitation Center

A very important and little-known part of the ZSFG family of services is across 22nd Street at the Behavioral Health Center. It houses three important services in the continuum of care to our patients: the Adult Residential Facility (ARF) on the first floor, the Residential Care Facility for the Elderly (RCFE) on the second floor, and the Mental Health Rehabilitation Center (MHRC) on the third floor. Together, these programs provide service-supported residence to more than 100 individuals each day. These are not only critical services for our community, but aid in flow from the hospital, providing discharge resources for our patients who are ready to be discharged from acute care.

In mid-February, the MHRC underwent a licensing survey and passed with flying colors, warranting a shout-out for the team there and a highlight of this important service for all. The MHRC provides services to clients with severe mental health issues and disabilities that require a secure environment. The MHRC's programming includes rehabilitation, activities, and individual treatment focused on improving the overall functioning and well-being of its residents.

On Wednesday, February 16th, the Department of Health Care Services (DHCS) arrived to conduct the MHRC's annual survey. Over the course of two and a half days, the surveyors focused on programming, nursing, food and nutrition services, and the environment of care. These types of surveys can be very stressful and there is a lot at stake. During the exit conference, surveyors spoke highly of services being provided at the MHRC. They were most impressed with the following areas specifically:

- Group therapy is a significant portion of the overall programming at the MHRC. With COVID restrictions, the MHRC provided increased individual therapy in order to better serve the residents.
- According to the surveyors, the MHRC's treatment plans demonstrate best practices. The surveyors requested permission to use the MHRC Treatment plan as a tool to assist other MHRCs on how to improve their practices.
- In order to assess the food services for the MHRC, a surveyor toured the Building 5 kitchen, which serves the MHRC. The surveyor spoke highly of the quality and cleanliness of the kitchen and the service overall and said he would eat here and bring his family as well.



Some members of the MHRC team, from left to right: Anand Iyer, MD; Charisse Li, RN; Leah Baugh, LPT; Alem Tesfai, Activity Leader; Socorro Manansala, MHRW; Irina Gruzman, RN; Caroline Belli, LCSW, Stephan Wyss, MD

The MHRC provides such a critical service for our community, and they do it with expertise and compassion. Congratulations to the MHRC team on an incredibly successful survey!

EQUITY

3. ZSFG Mahoney REIGN Nursing Student Externship Program

ZSFG Nursing is proud to announce the Mahoney REIGN Nursing Student Externship Program, made possible by the San Francisco General Hospital Foundation's Hearts Grants Program. To honor the legacy of Mary Eliza Mahoney, the first African American licensed nurse to have graduated from an accredited school of nursing, the ZSFG student nurse externship program strives to Recognize Excellence in Generations of Nursing (REIGN). This initiative will provide 10 student externs from underrepresented races and ethnicities into the profession of nursing with up to 120-hours of clinical and patient care experience.

The goal of the program is for the externs to:

- Learn more about public health and trauma care;
- Develop competencies, clinical skills, and professional confidence; and
- Establish valuable professional relationships.

The eligibility criteria for this program includes:

1. Identify as Black/African American, Indigenous, or Person of Color (BIPOC).
2. Are enrolled in an ADN or BSN program from a school within the San Francisco, San Mateo, Alameda, or Marin counties.
3. Have an anticipated graduation within 12 months of program completion (i.e. externs for the summer of 2022 cohort must plan to graduate by July 2023).
4. Have a cumulative collegiate GPA > 3.0.
5. Be current AHA BLS for Healthcare Providers.
6. Have the ability to participate in all precepted shifts.

Many thanks to ZSFG Nursing for leading this wonderful program!

DEVELOPING OUR PEOPLE

4. Inpatient Vaccination Program's New England Journal of Medicine Article

ZSFG was the first hospital in San Francisco, and one of the first in California, to successfully operationalize the administration of COVID-19 vaccines to hospitalized patients. The interdisciplinary team, led by Dana Freiser, BSN, RN (Medical-Surgical Nursing Performance Improvement Coordinator), developed the Inpatient Vaccine Program by identifying and mitigating 12 workflow considerations to ensure a sustainable system. More than 80% of enrolled patients have been fully vaccinated while admitted or after discharge. Between February and July 2021, inpatient clinicians administered 526 Covid-19 vaccines with zero wasted doses; subsequently, more than 1,000 patients enrolled in the program have been vaccinated. To the credit of the team, the program infrastructure remains flexible enough to adapt to evolving vaccination eligibility, including supplemental and booster dose indications.

To document the team's success, the *NEJM Catalyst Innovations in Care Delivery*: Vol. 3 Issue 2 | February 2022 published an article on the program titled, ["The Evolution of a Hospital-Based COVID-19 Vaccination Program for Inpatients"](#) on January 19th. Key interdisciplinary team members include: Merjo Roca, RN, Outpatient Vaccine Clinic and Alternative Test Site Manager; Tanvi Bhakta, MSN, RN, COVID-19 Unit Manager; D Tony Chung, PharmD, Pharmacy Business Operations Supervisor; Lisa Winston, MD, Chief of Staff and Hospital Epidemiologist; and Gabriel Ortiz, MD, Medical Director of Medical/Surgical Care Areas.

Congratulations to our amazing leaders for achieving this major publication!

DEVELOPING OUR PEOPLE

5. ZSFG Healthcare Recognitions

This past month, ZSFG celebrated the following healthcare recognition in honor of our staff and the incredible work they do every single day!

Thank a Resident (and Fellow) Day

Friday, February 25th, was Thank a Resident (and Fellow) Day. This day was conceived 20 years ago by the Arnold P. Gold Foundation. The Gold Foundation "champions humanism in healthcare...compassionate, collaborative, and scientifically excellent care...We empower experts, learners, and leaders to together create systems and cultures that support humanistic care for all."

This is a perfect paradigm for our residency and fellowship programs at ZSFG, which hosts residents and other trainees from UCSF. UCSF has one of the largest graduate medical education programs in the country, and here at ZSFG we are

one of its primary (and favored!) clinical sites for residency and fellowship training. Residents and fellows have always been at the core of our service delivery model. They help to improve care for our patients not only through their clinical work, but also in patient safety and quality improvement projects that focus on addressing disparities in healthcare.

Their projects have included:

- Decreasing opioid prescribing and diversifying analgesia for post-operative surgical patients;
- Increasing medication assisted treatment for patients with substance use disorder;
- Increasing colorectal cancer and breast cancer screening in the family health center; and
- Improving hospital flow by reducing length of stay of discharged ED patients requiring specialist consultation.

ZSFG also hosts unique educational programs that ensure more providers and provider leaders deeply incorporate diversity equity and inclusion in their work:

- PLUS: Pediatric Leaders Advancing Health Equity: 100% of these graduates go on to practice in underserved areas or stay within the San Francisco Health Network (SFHN)
- San Francisco Primary Care (SFPC): 62% of these graduates go on to practice in underserved settings or stay at SFHN
- Family and Community Medicine (the only residency hosted at ZSFG where the residents work here 100% of the time): 82% of graduates go on to practice in underserved settings or stay at SFHN

Look around and you'll see many of our former residents leading in health care at ZSFG, in San Francisco, in California and throughout the U.S. For example: Dr. Lukejohn Day is our Chief Medical Officer (CMO); Dr. Claire Horton is CMO for the SFHN; Dr. Laurie Green is Vice Chair of the S.F. Health Commission and member of the ZSFG Joint Conference Committee; Dr. Sandra Hernández was S.F. DPH Director and is currently President and CEO of the California Healthcare Foundation; Dr. Tomás Aragón is California's State Public Health Officer and Director; and Dr. Mitch Katz, was S.F. DPH Director and is currently President & CEO of the New York City Health and Hospitals Corporation.

Our residents are truly remarkable: providing outstanding, compassionate, and equitable care to our patients every day, and doing the same to lead in healthcare throughout the U.S.



National Social Workers Month

March is Social Work month! Social workers are serving our patients and our teams almost everywhere at ZSFG. From the Emergency Department to acute psychiatry to critical care to outpatient clinics to pediatrics and the Urgent Care Clinic and more, you will find social workers providing essential services to our patients. These services include linkages to many resources, psychosocial assessment and counseling, crisis intervention and end-of-life support. ZSFG could not serve our patients adequately without our trained and talented social workers.

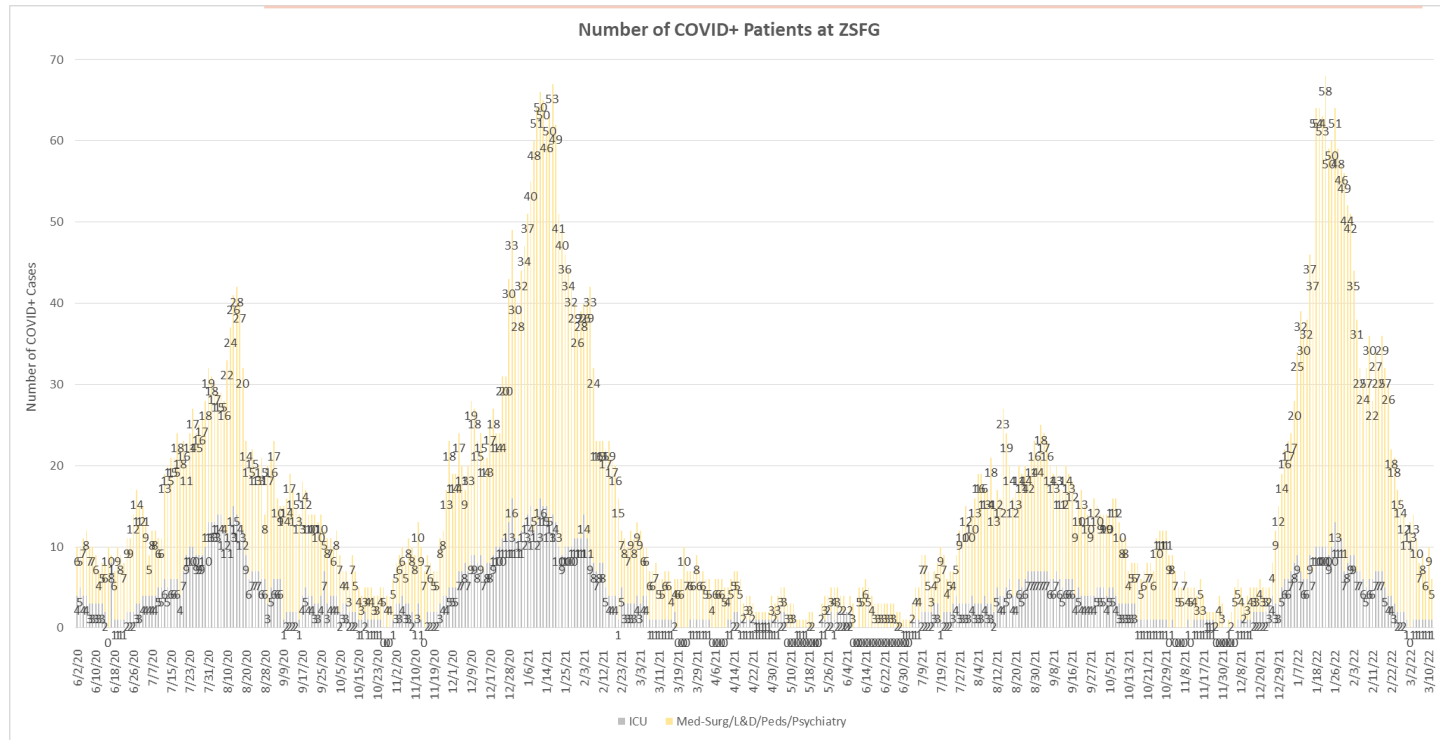
Our social workers have remarkable dedication and passion for their work. It's not easy work in our setting, as our patients often have incredibly challenging issues, and it is often difficult to get them what they need – basic things like housing, food, income, and support with basic daily activities. But our social workers persist because they are compassionate, persistent, and skilled.

In honor of the month, the Building 25 monitors will have a remarkable display of our social workers stating in their own words what makes them so devoted to and passionate about their jobs. They have a desire to make a difference, to

advocate, to build bridges to the community, to be a source of hope and light, to promote justice and equity, and simply to be there, no matter what it takes.

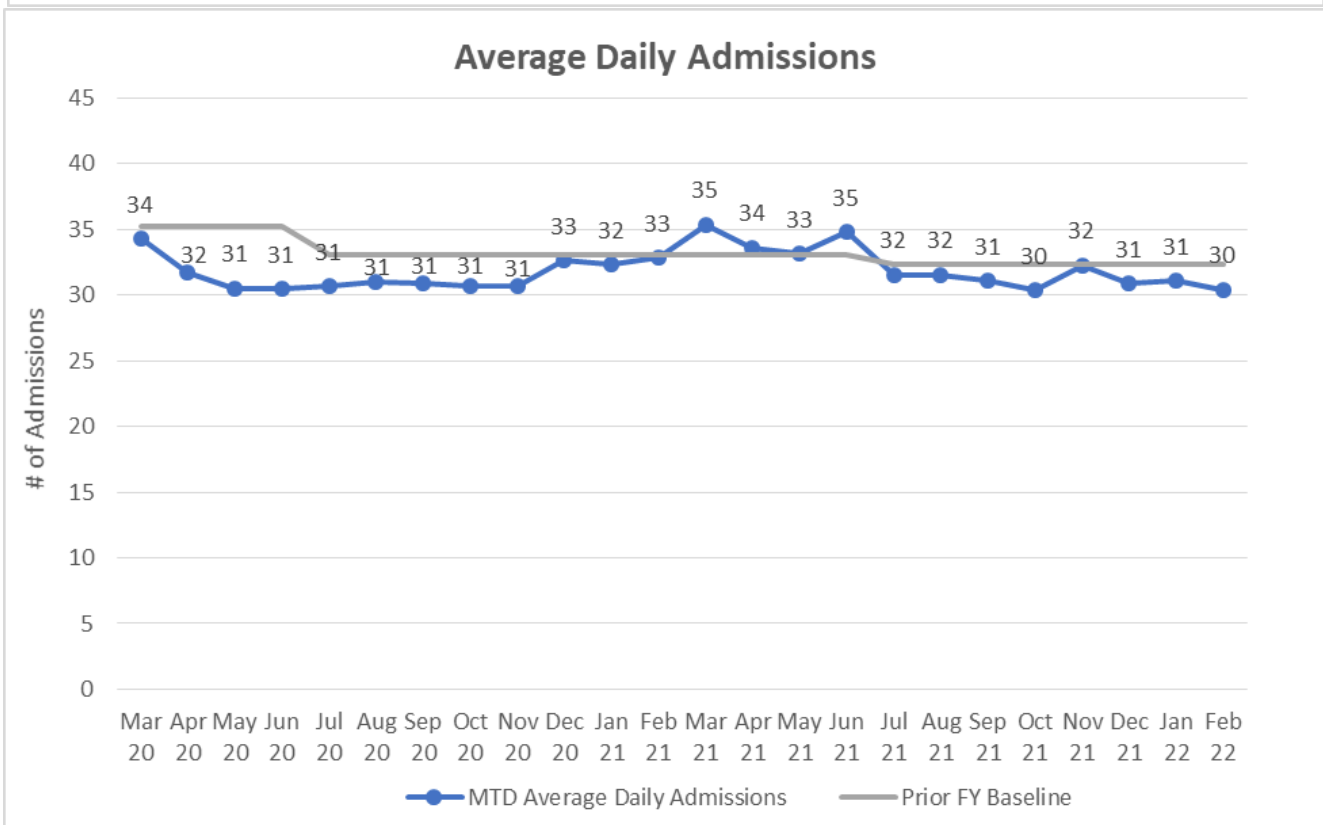
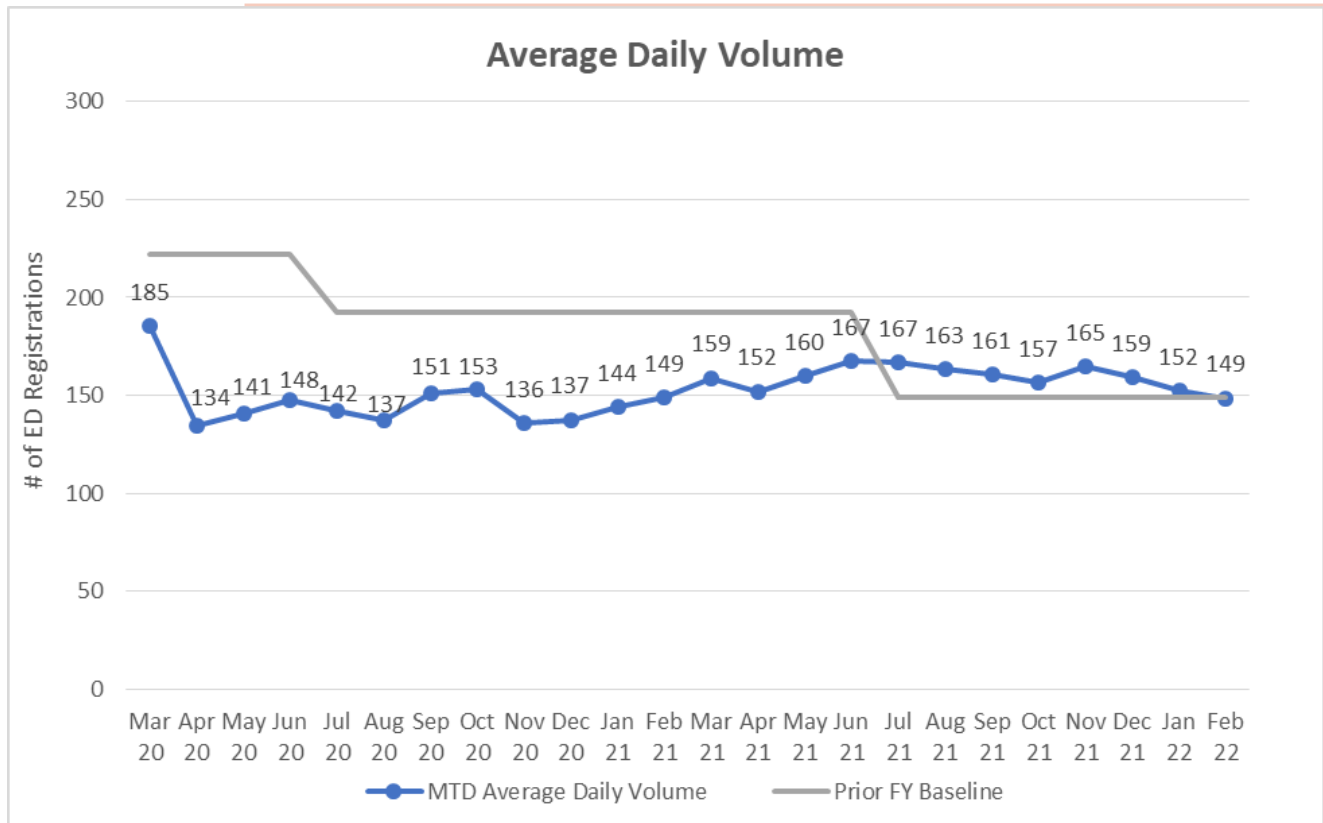
Many thanks to all our wonderful staff in all departments that go above and beyond to provide the highest level of care to our patients and community!

QUALITY ZSFG COVID+ Patients

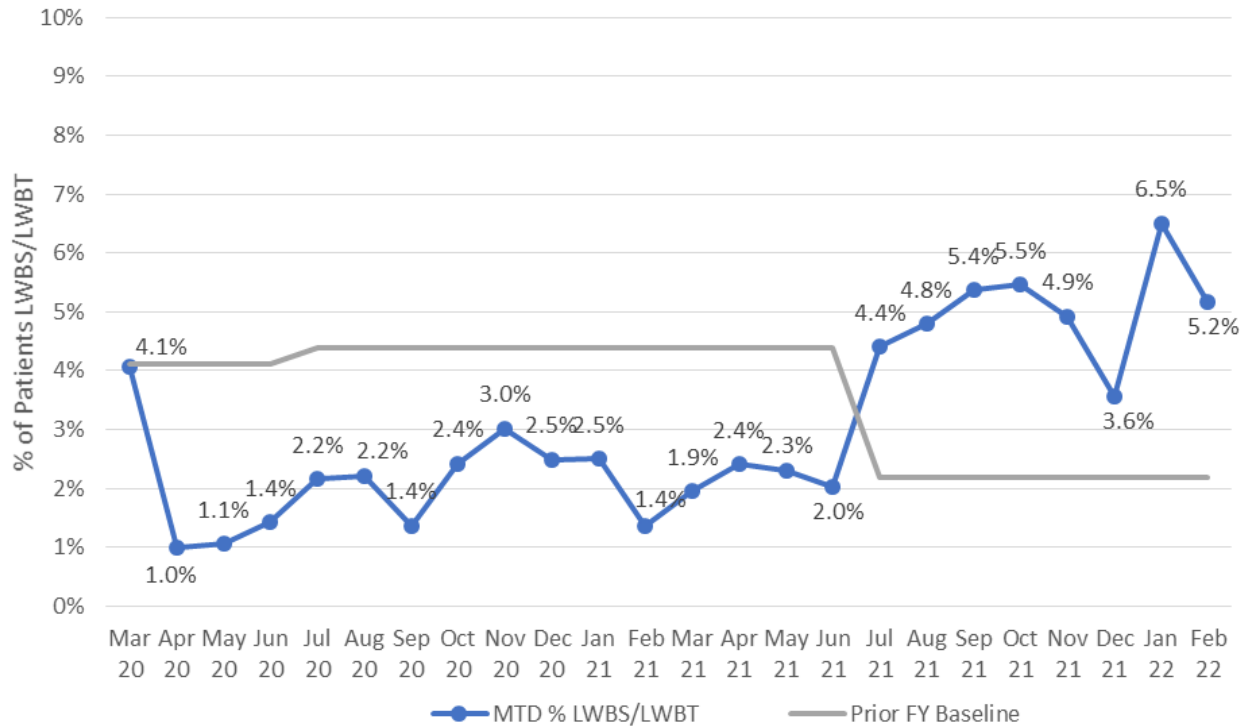


QUALITY

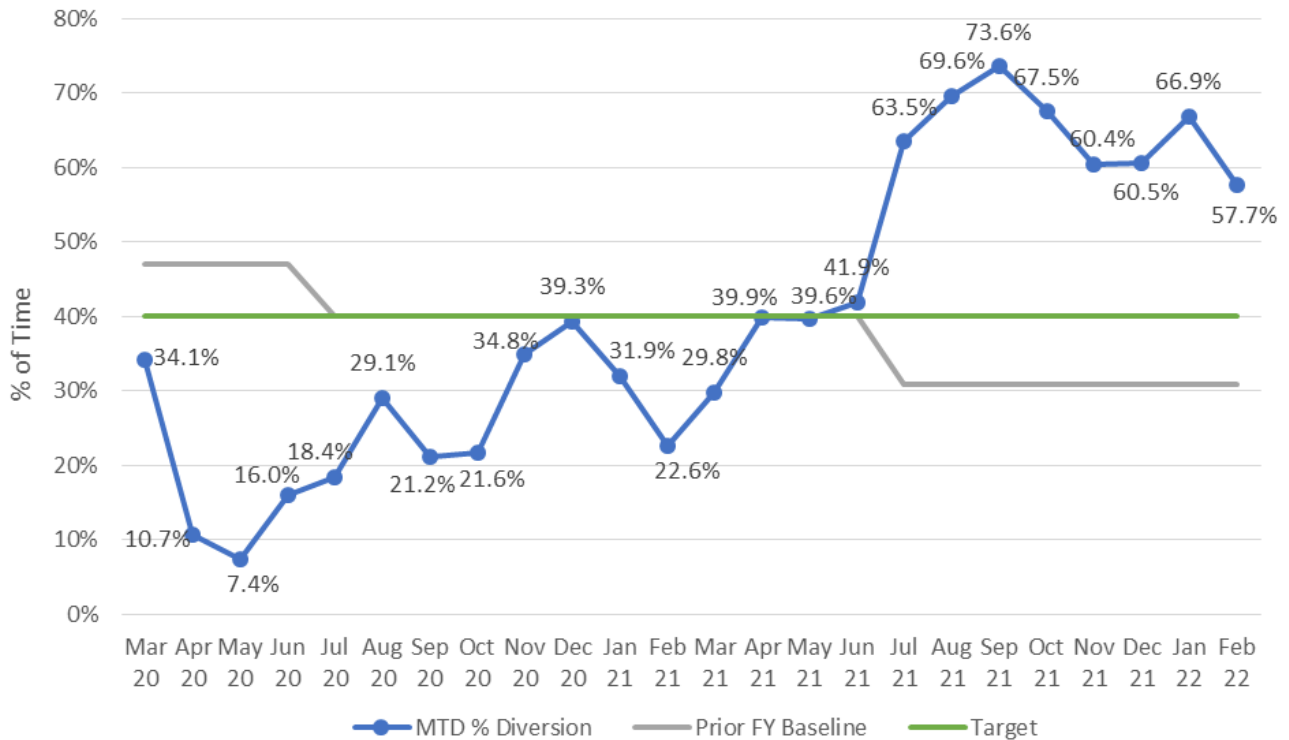
Emergency Department Activities



% LWBS/LWBT

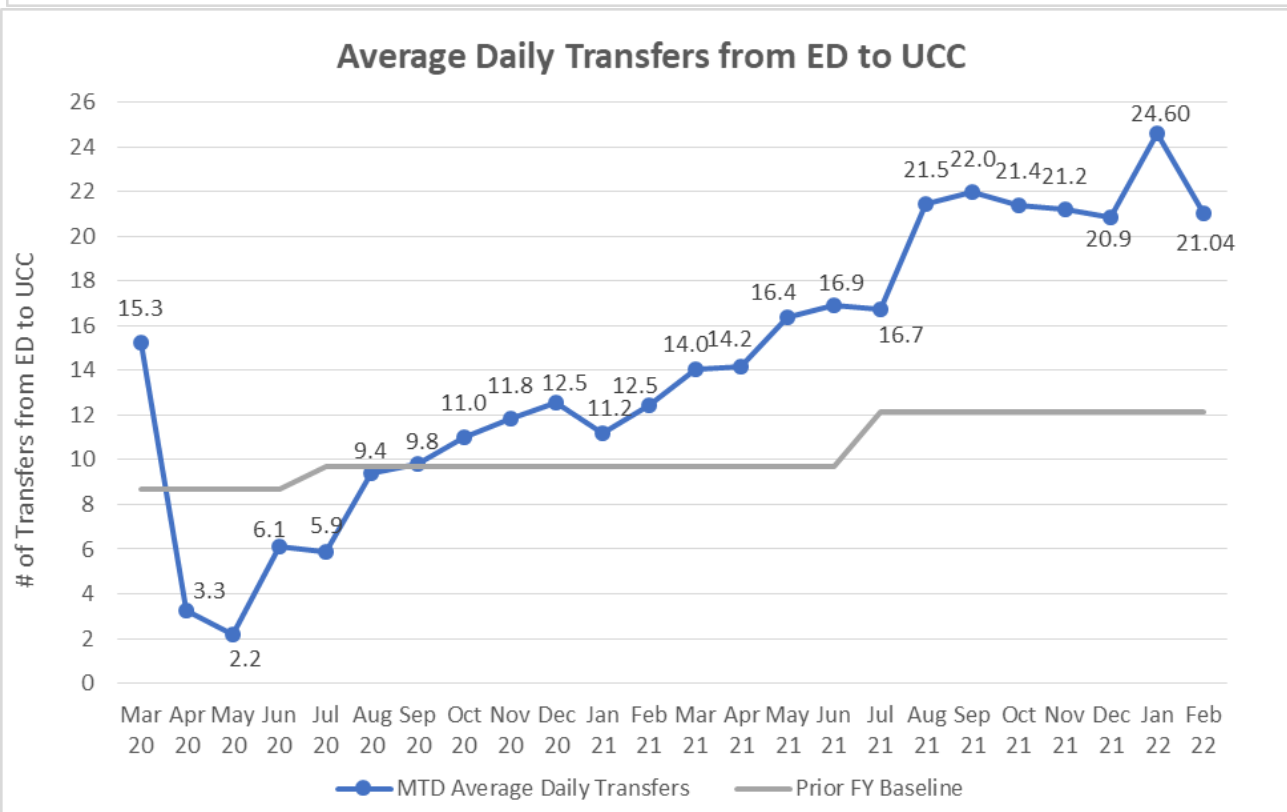
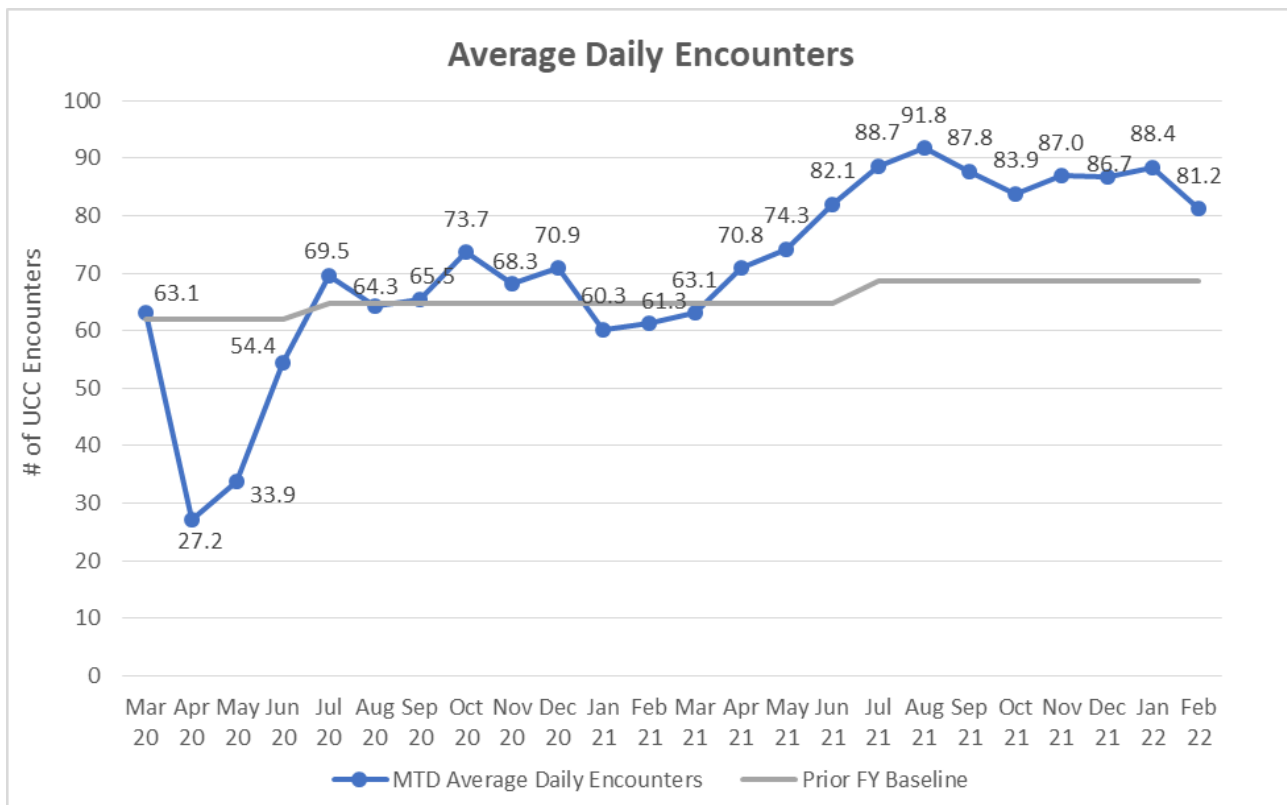


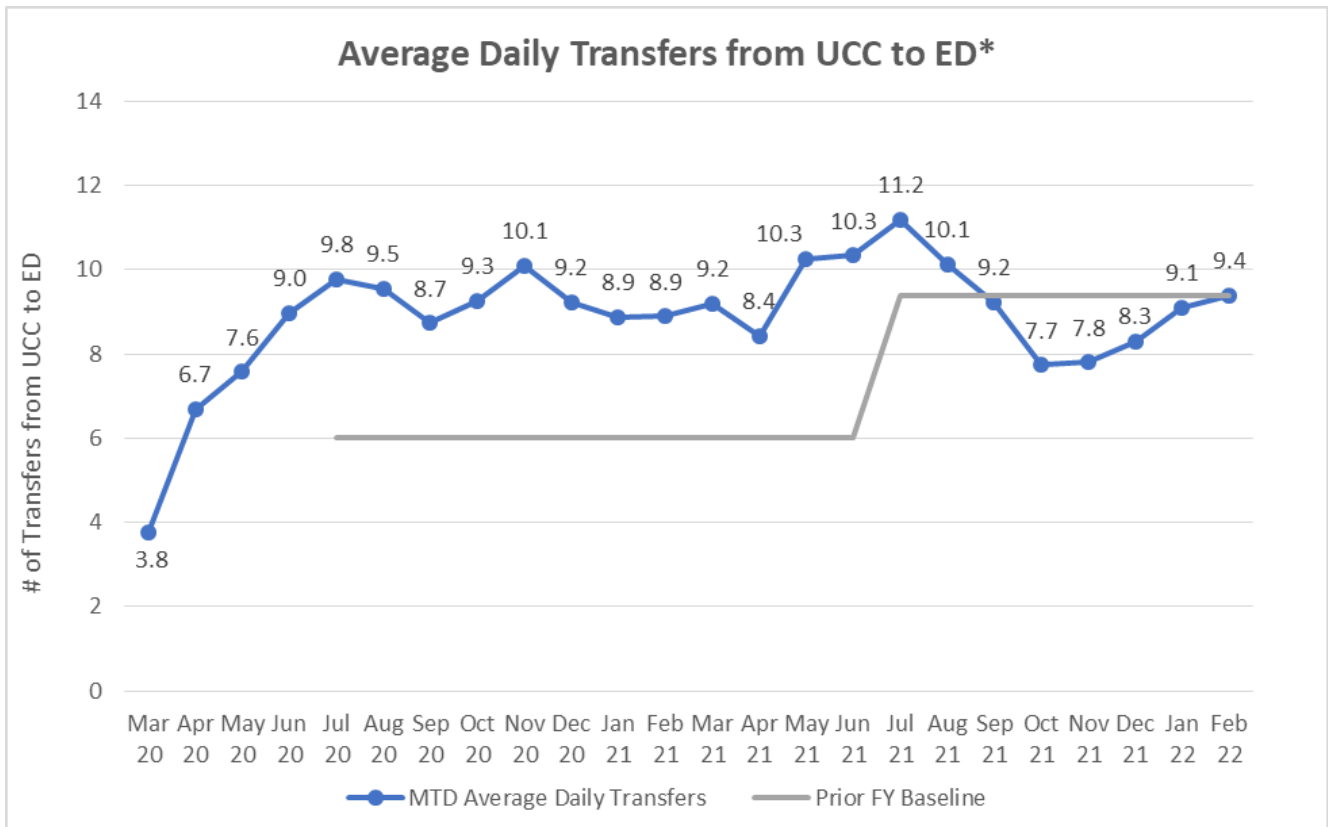
% Diversion



QUALITY

Urgent Care Clinic Activities

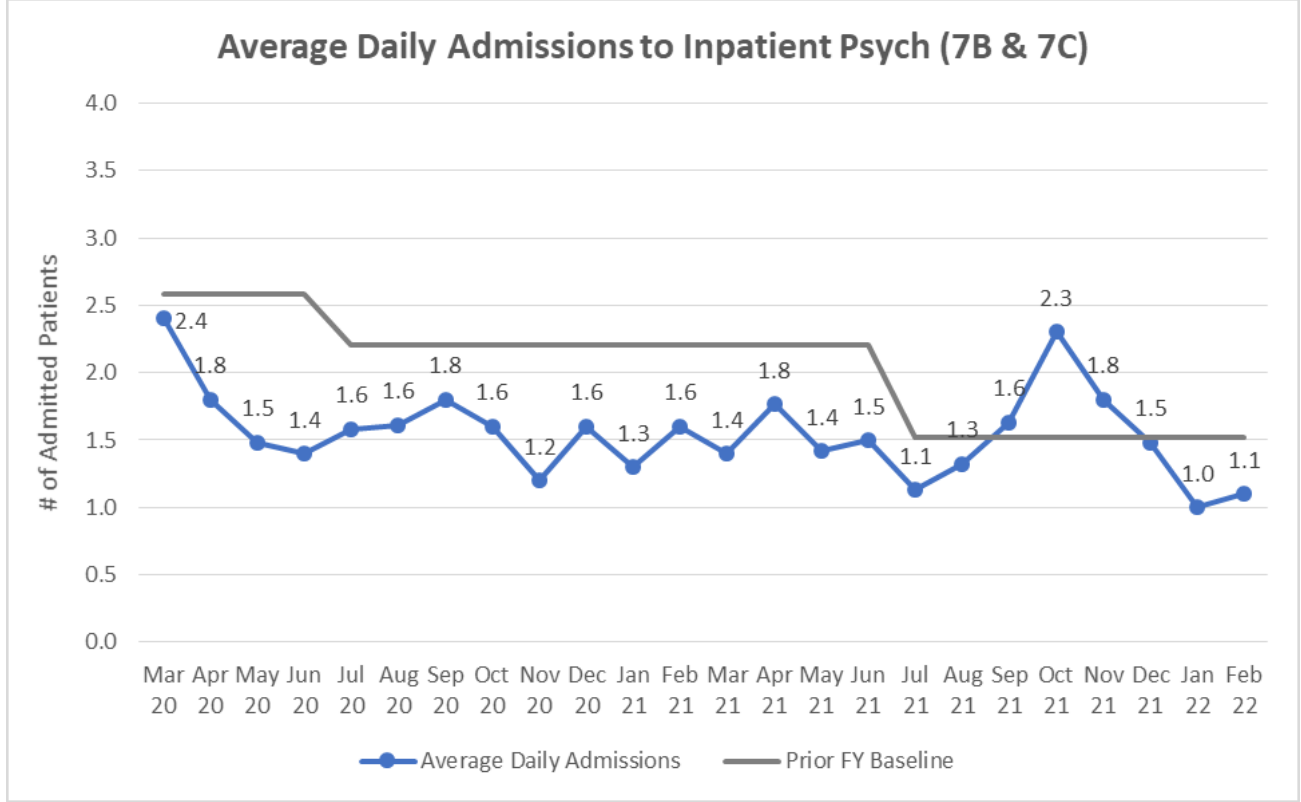
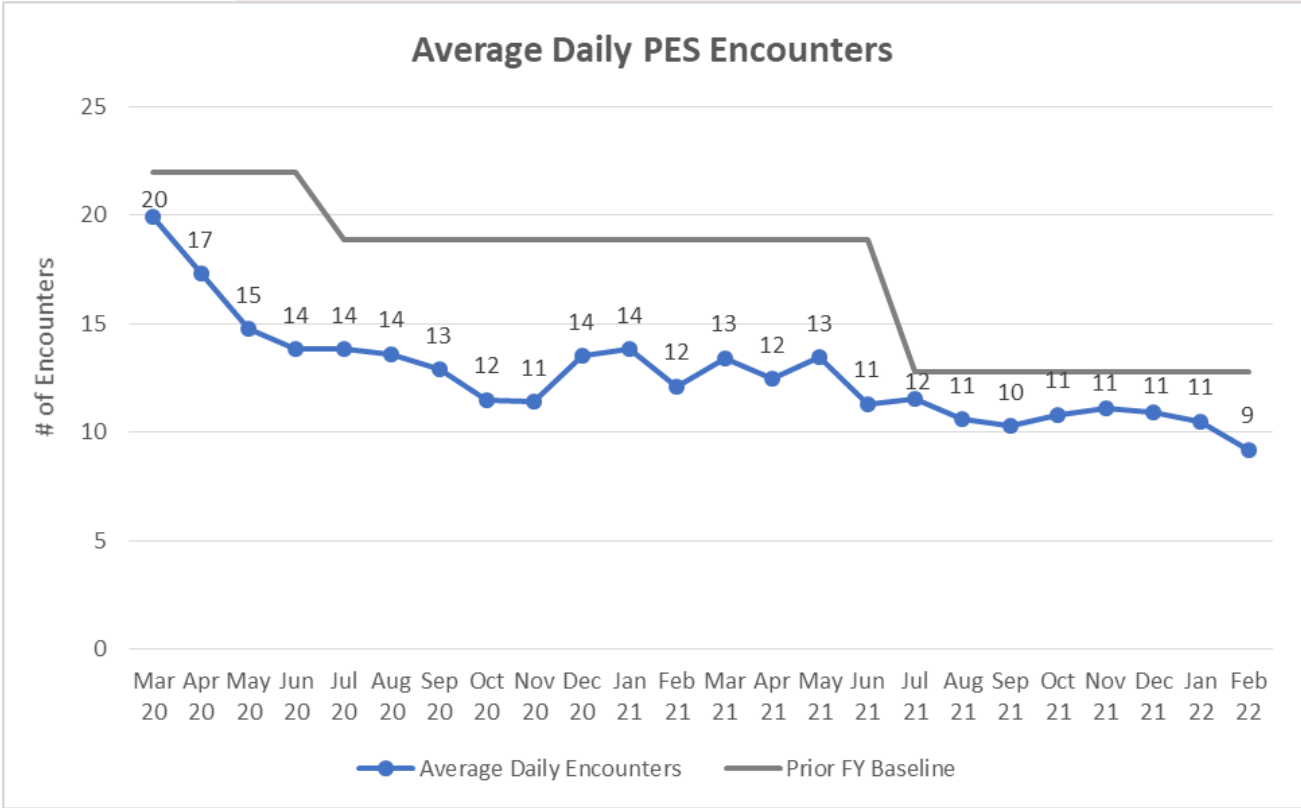




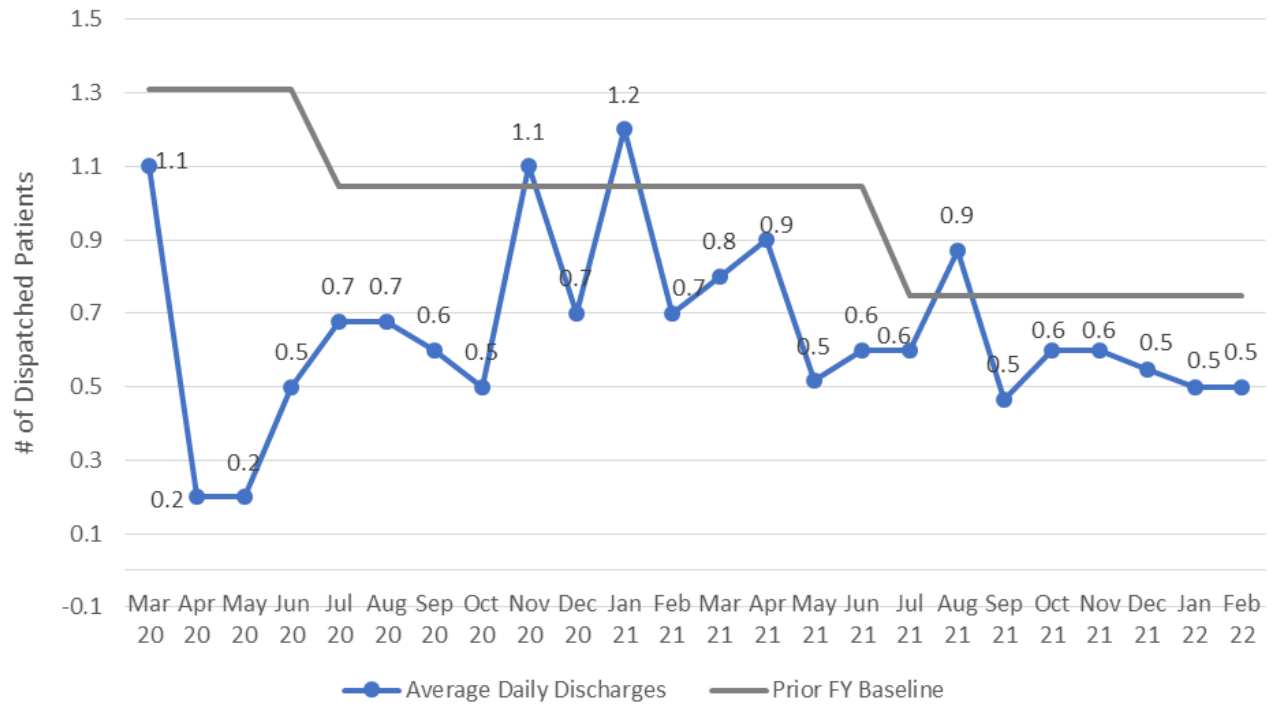
***As this is a new metric that ZSFG is tracking, data prior to Epic Implementation in August 2019 is not available.**

QUALITY

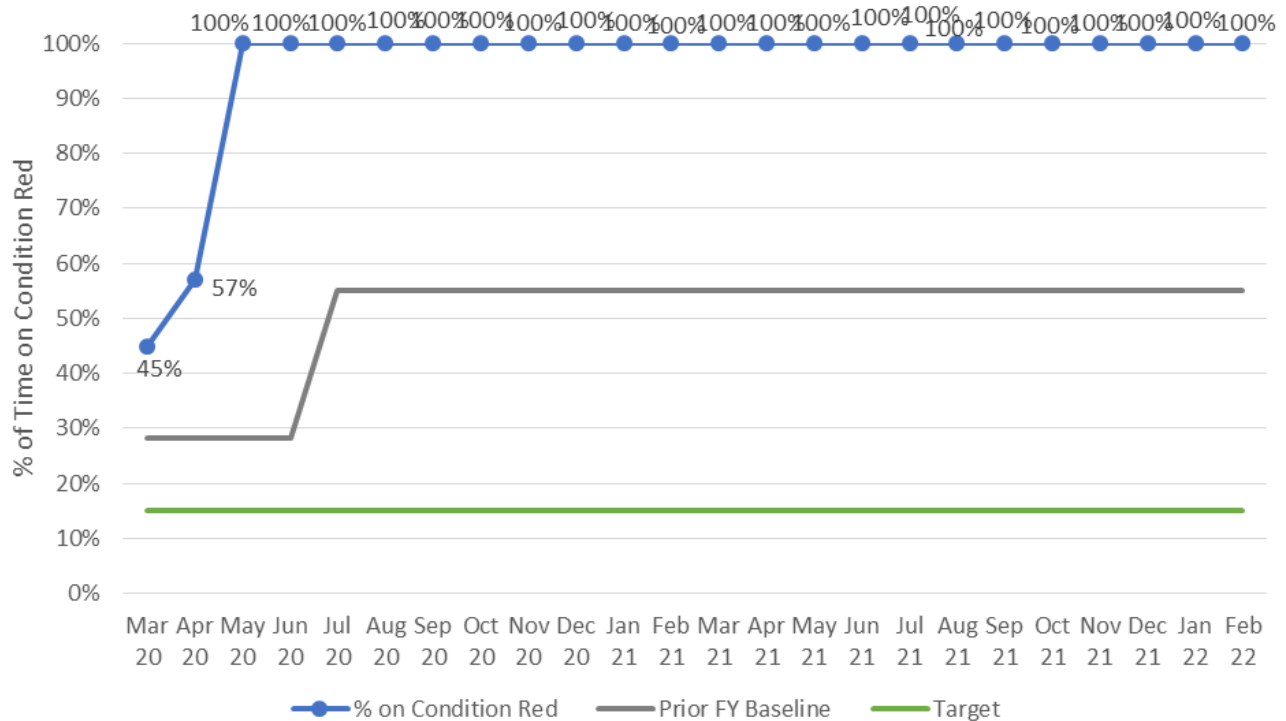
Psychiatric Emergency Services Activities



Average Daily Discharges to Dore Urgent Care Clinic (DUCC)



PES Condition Red*



***We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.**

QUALITY

Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 169.18 which is 108.45% of budgeted staffed beds and 94.51% of physical capacity. 24.72% of the Medical/Surgical days were lower level of care days: 11.78% administrative and 12.94% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 32.68 which is 116.71% of budgeted staffed beds and 56.34% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 22.46 which is 74.88% of budgeted staffed beds and 53.49% of physical capacity of the hospital.

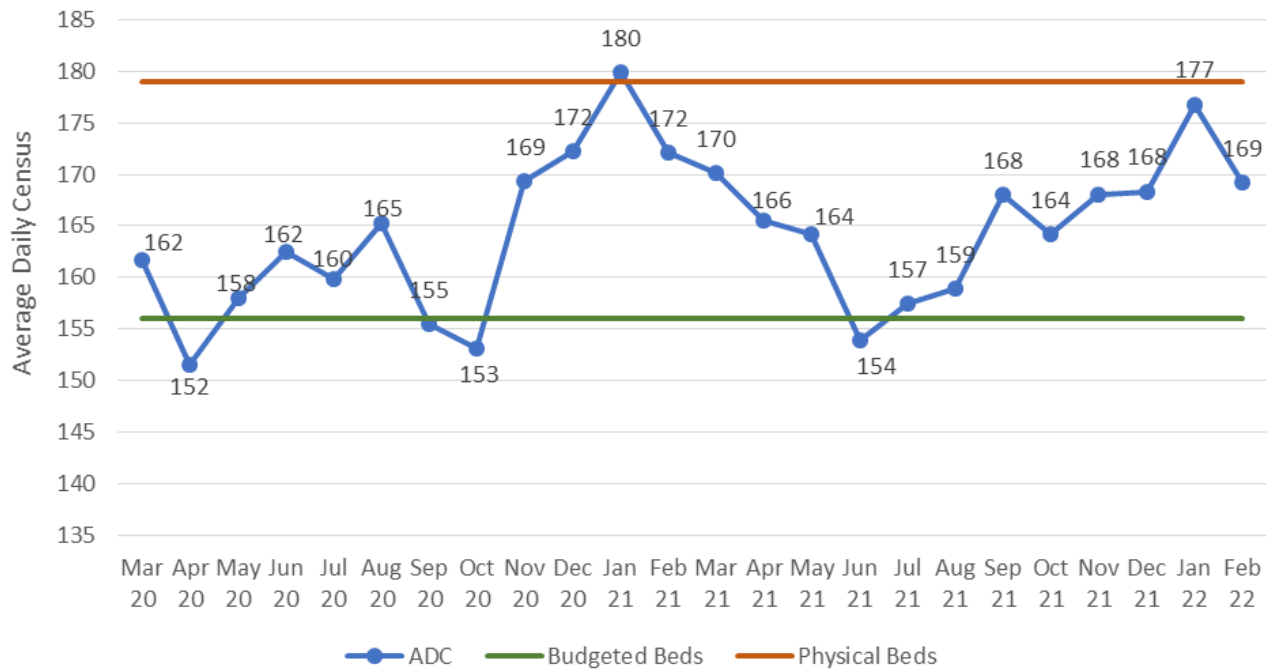
ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, excluding 7L, was 40.75, which is 92.61% of budgeted staffed beds and 60.82% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.93, which is 84.69% of budgeted staffed beds (n=7) and 49.40% of physical capacity (n=12). Utilization Review data shows 66.26% non-acute days (22.09% administrative and 44.17% non-reimbursed).

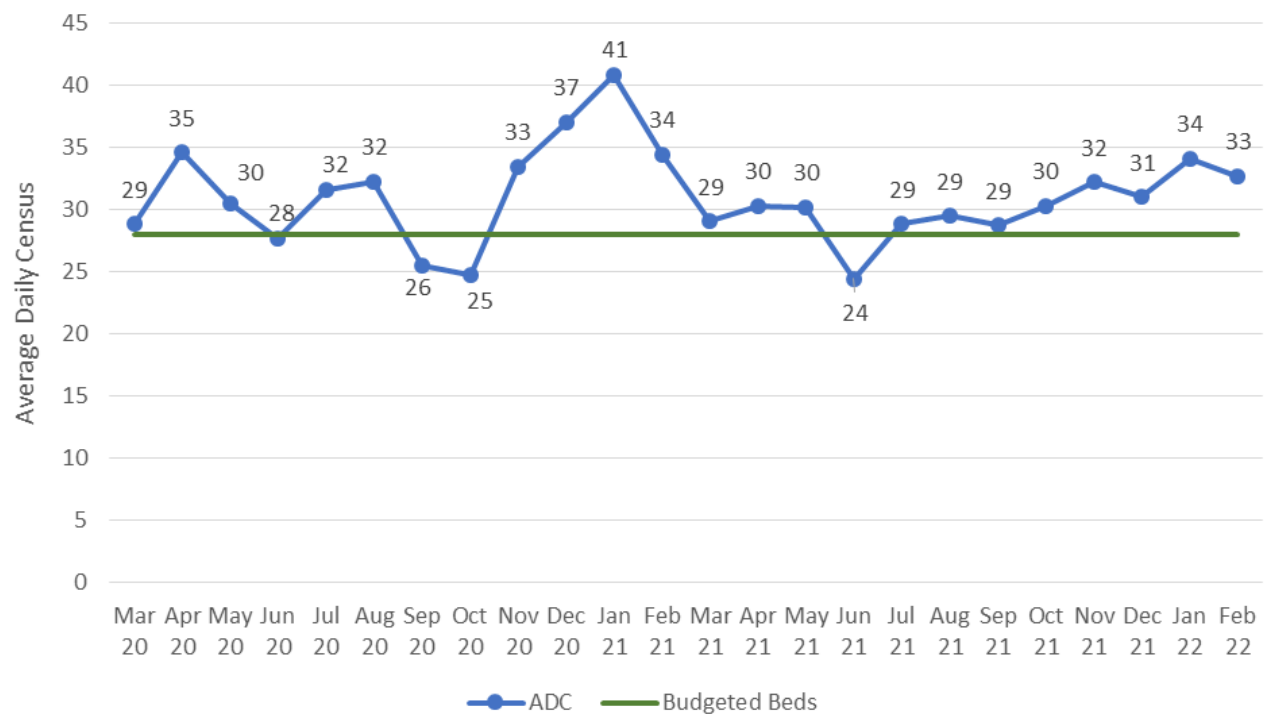
4A SKILLED NURSING UNIT

Average Daily Census for our skilled nursing unit was 26.50, which is 94.64% of our budgeted staffed beds and 88.33% of physical capacity.

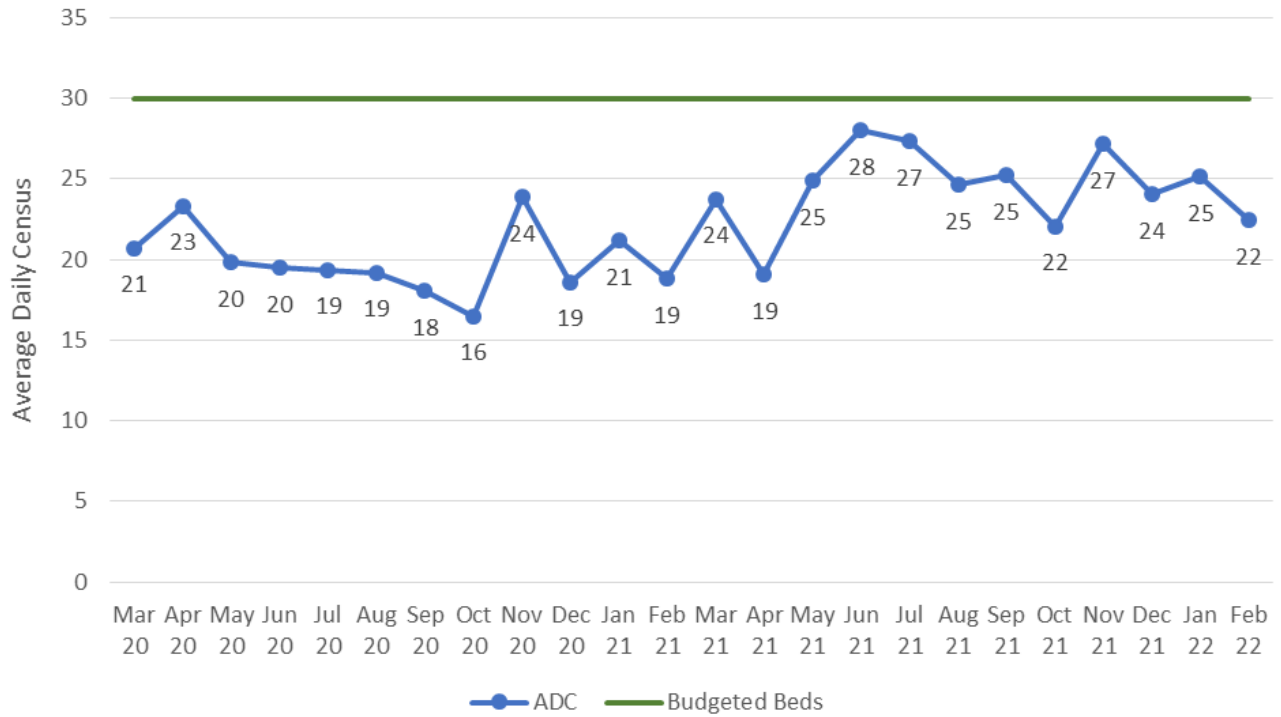
Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census



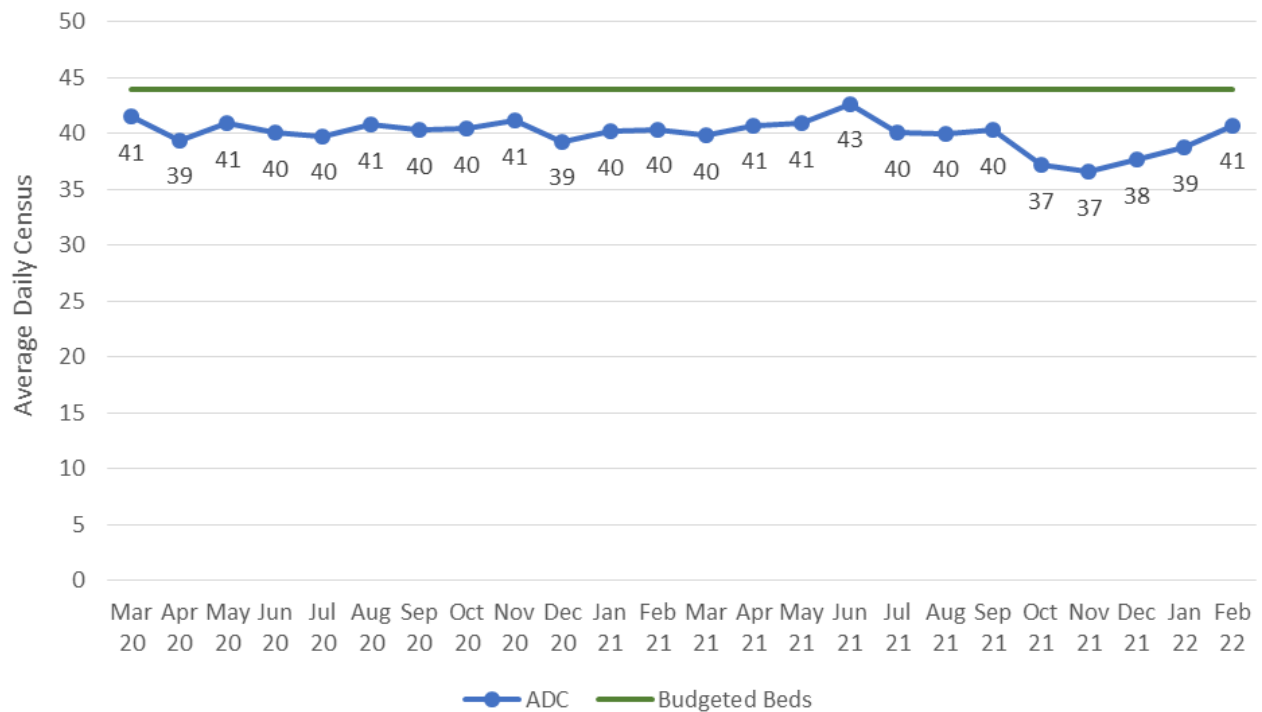
Intensive Care Unit Average Daily Census



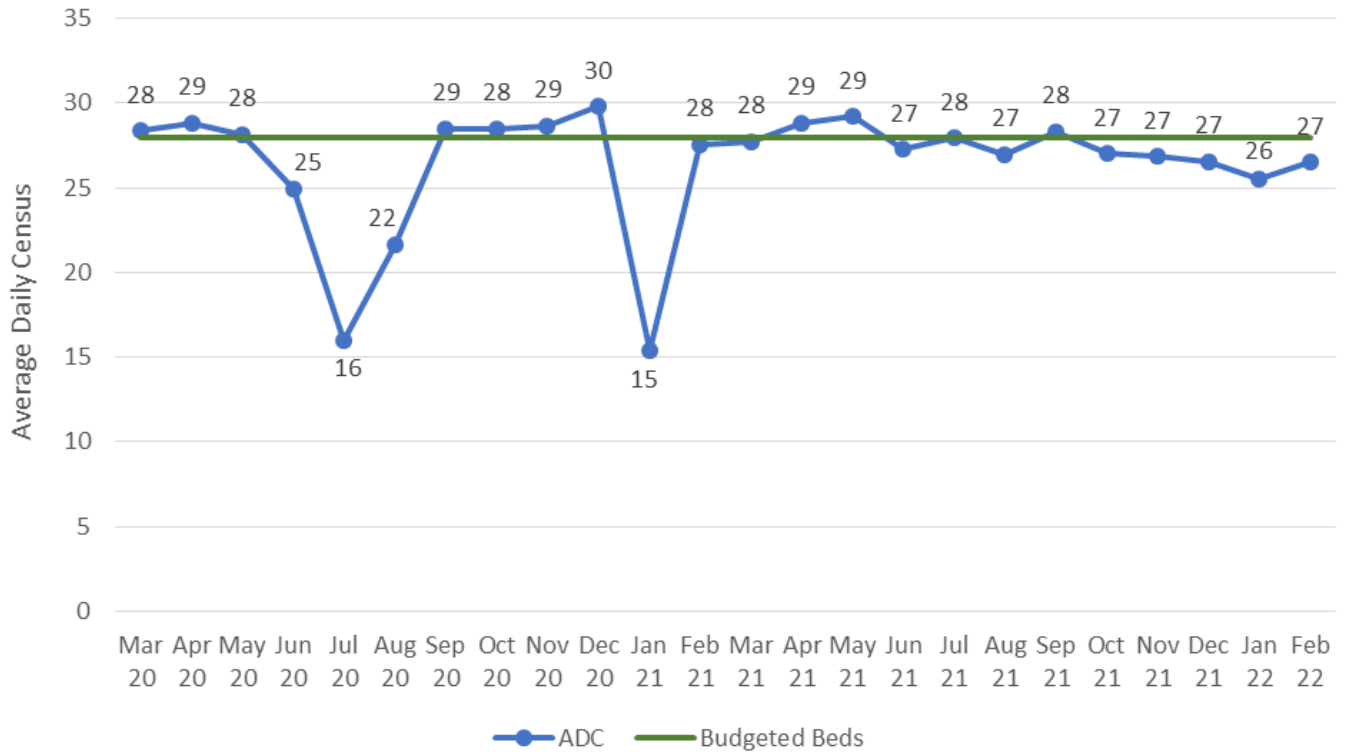
Maternal Child Health Average Daily Census



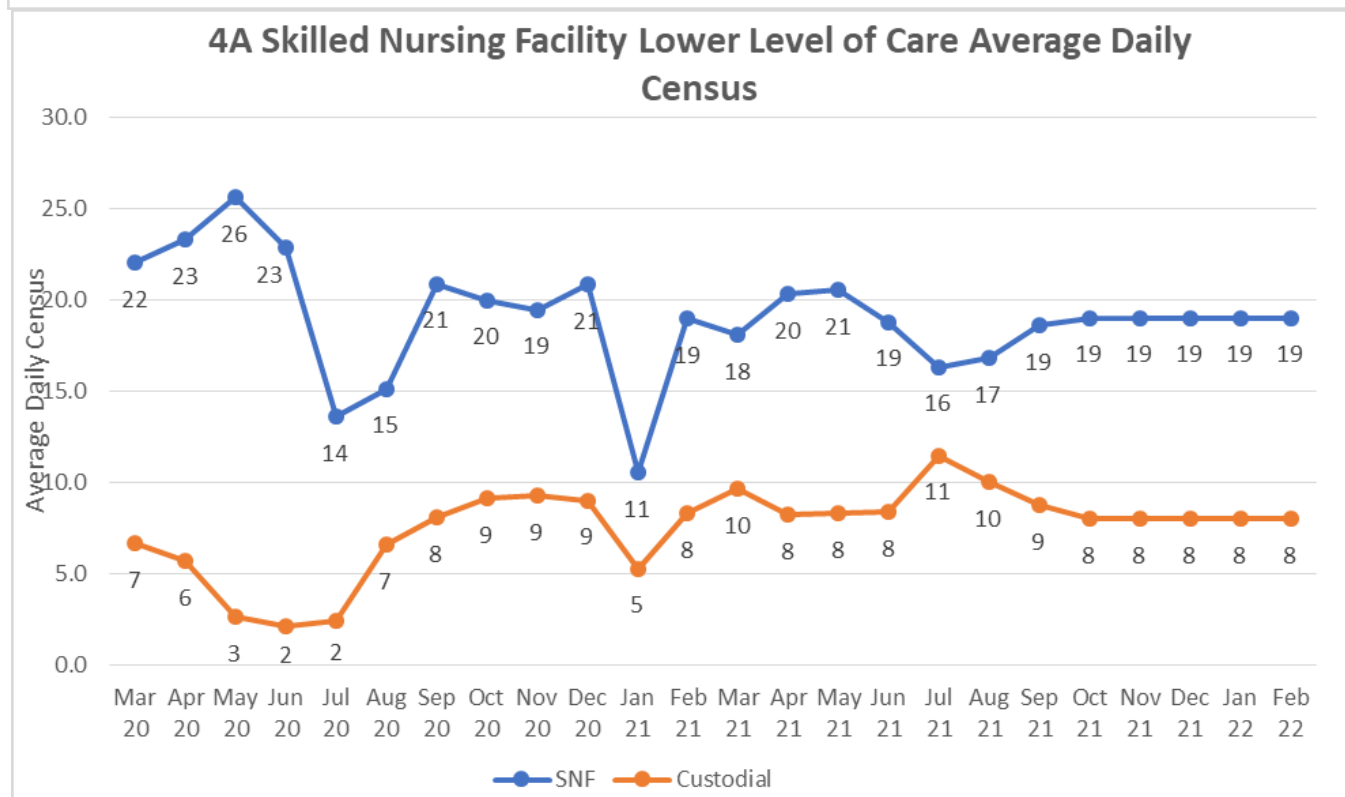
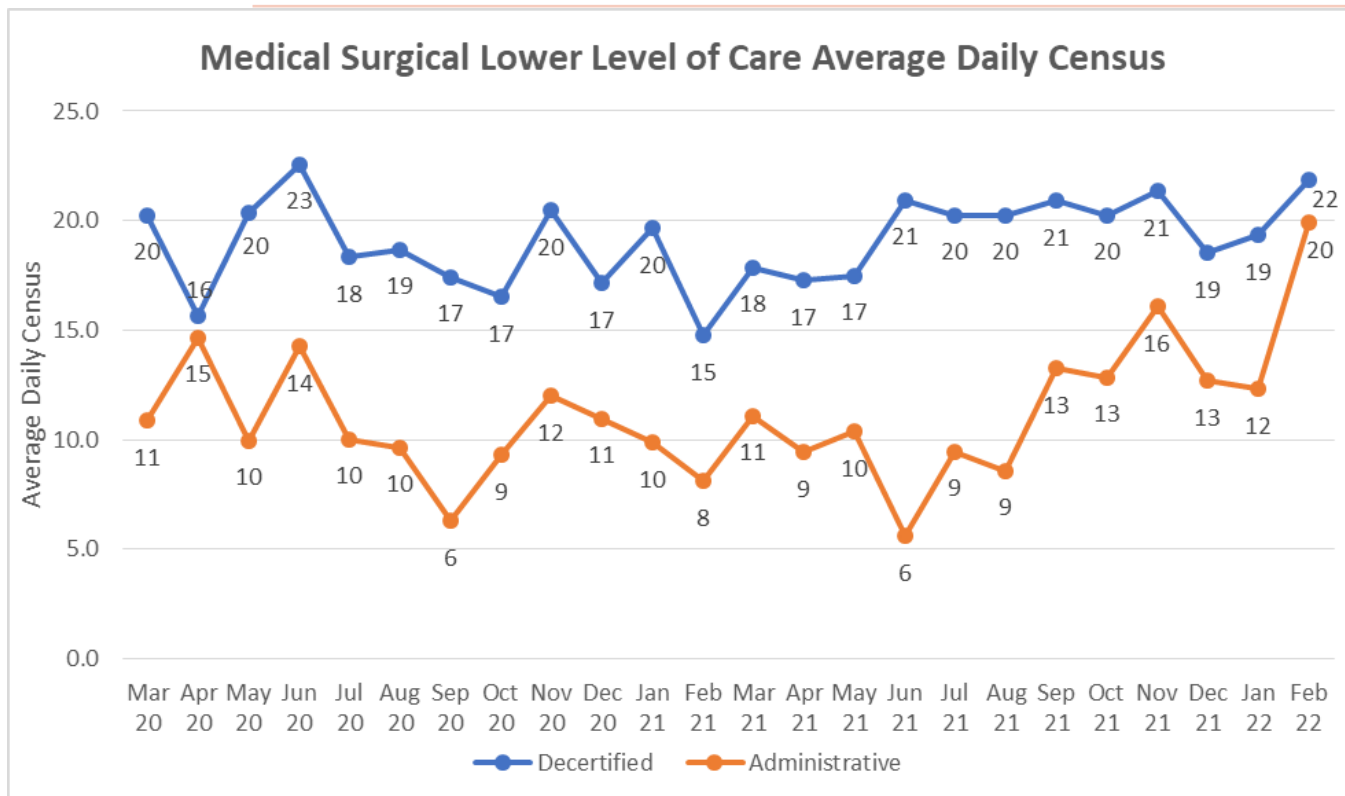
Acute Psychiatry (7B & 7C) Average Daily Census



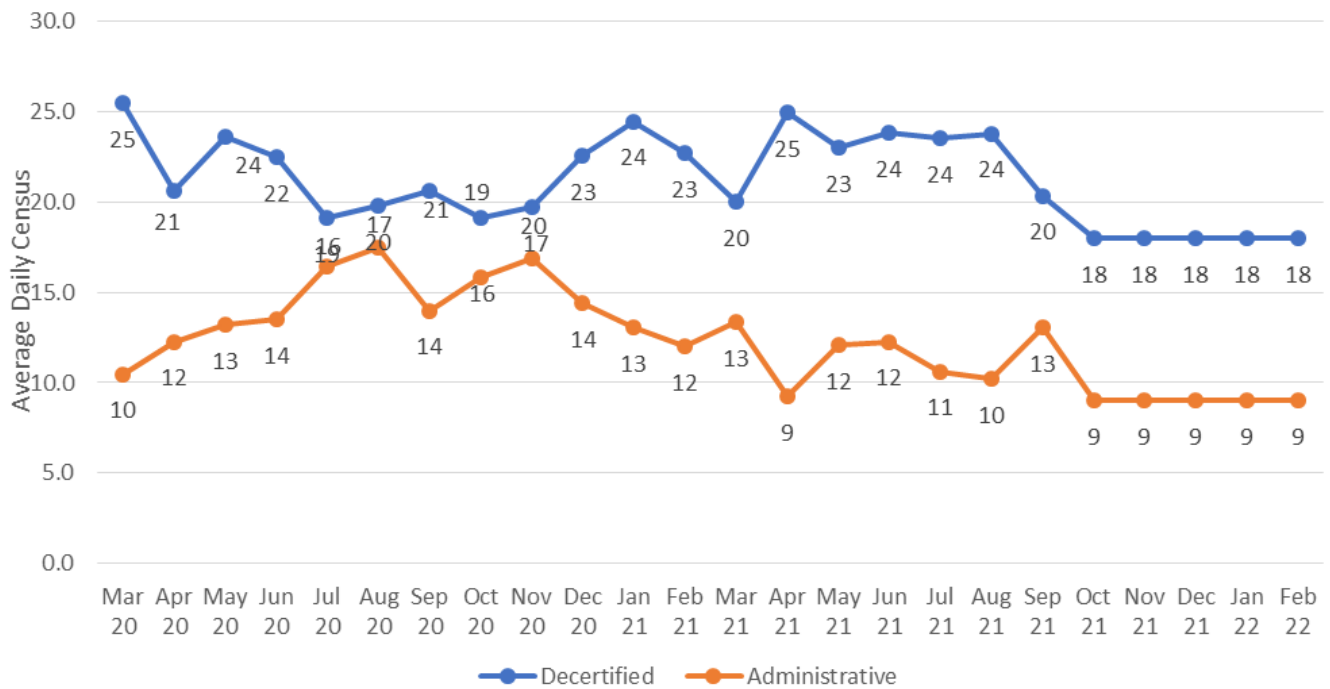
4A Skilled Nursing Facility Average Daily Census

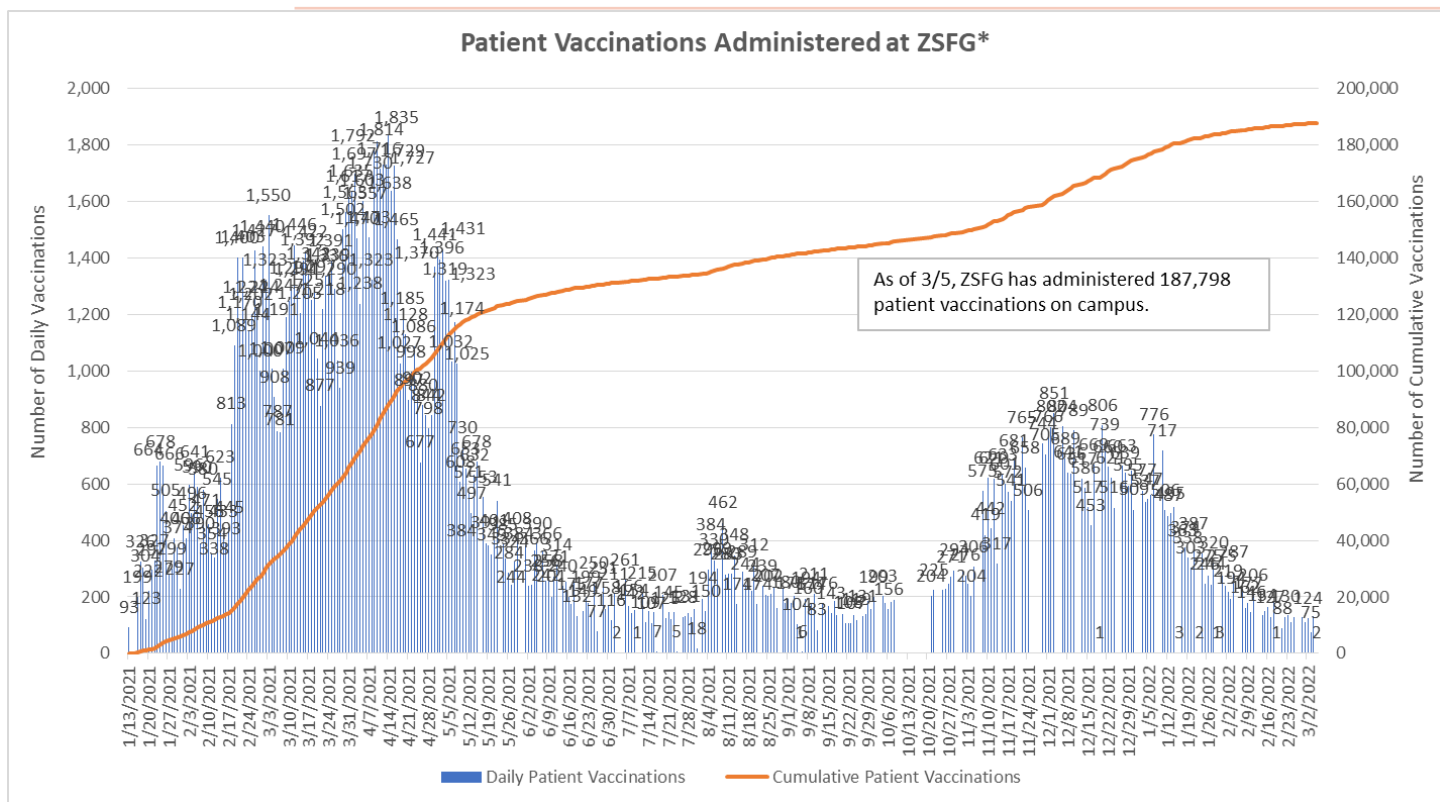


QUALITY Lower Level of Care Average Daily Census

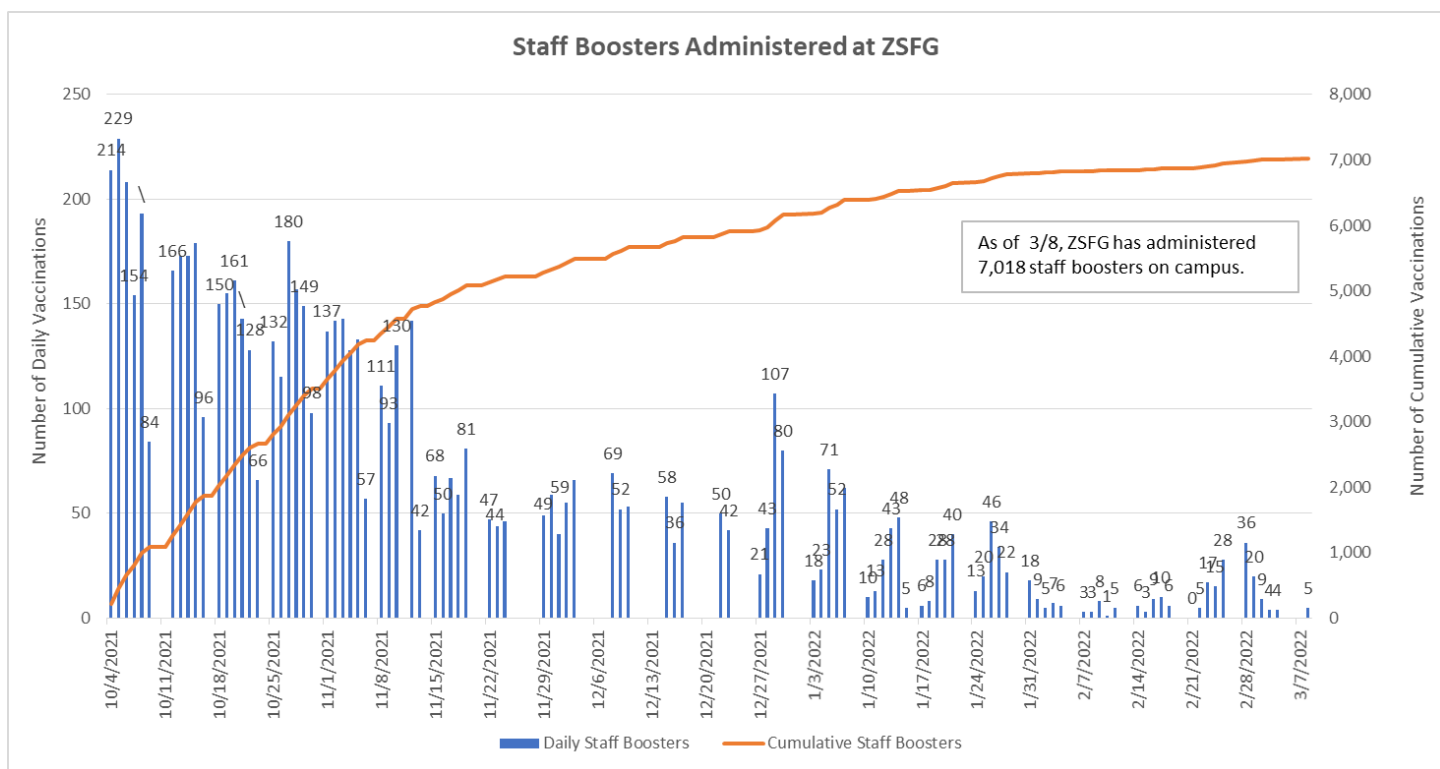


Acute Psych (7B & 7C) Lower Level of Care Average Daily Census





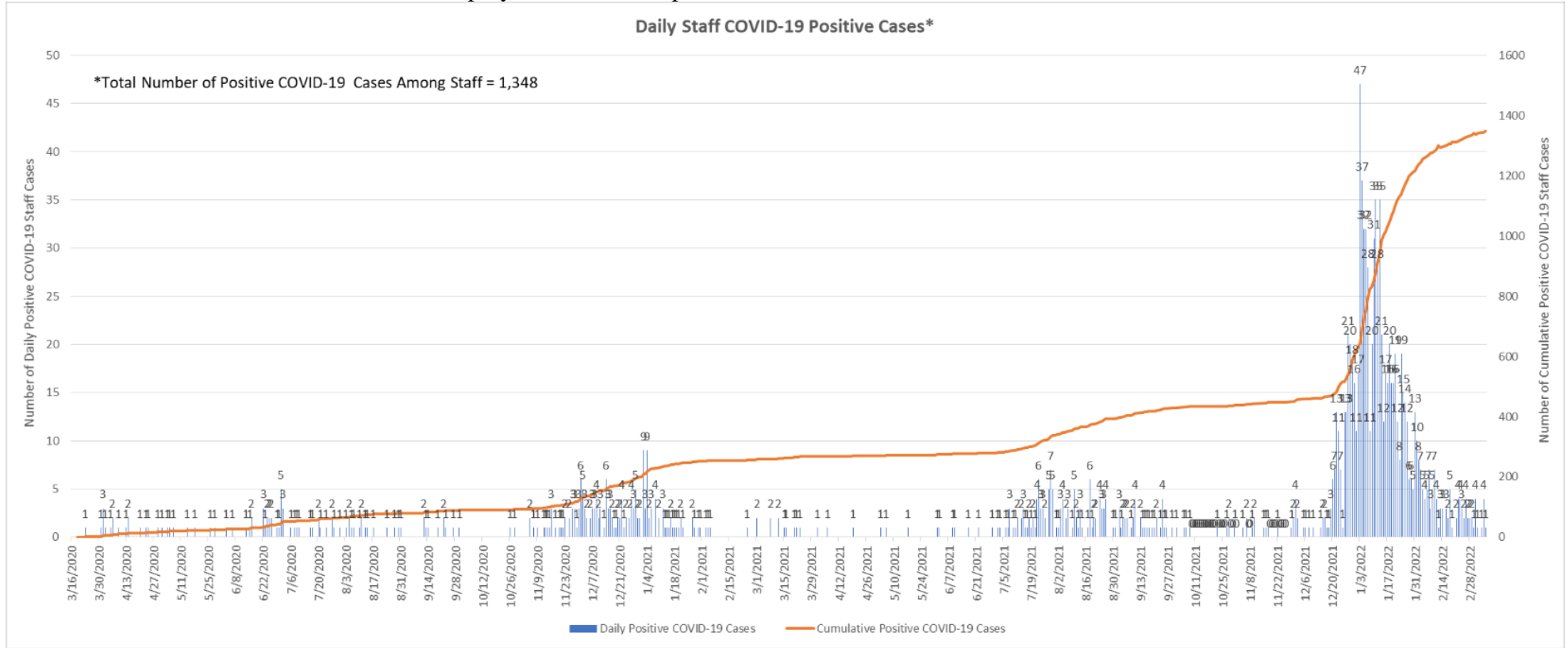
*Includes network-wide patients and members of the community.



SAFETY

Occupational Health COVID+ Staff Cases

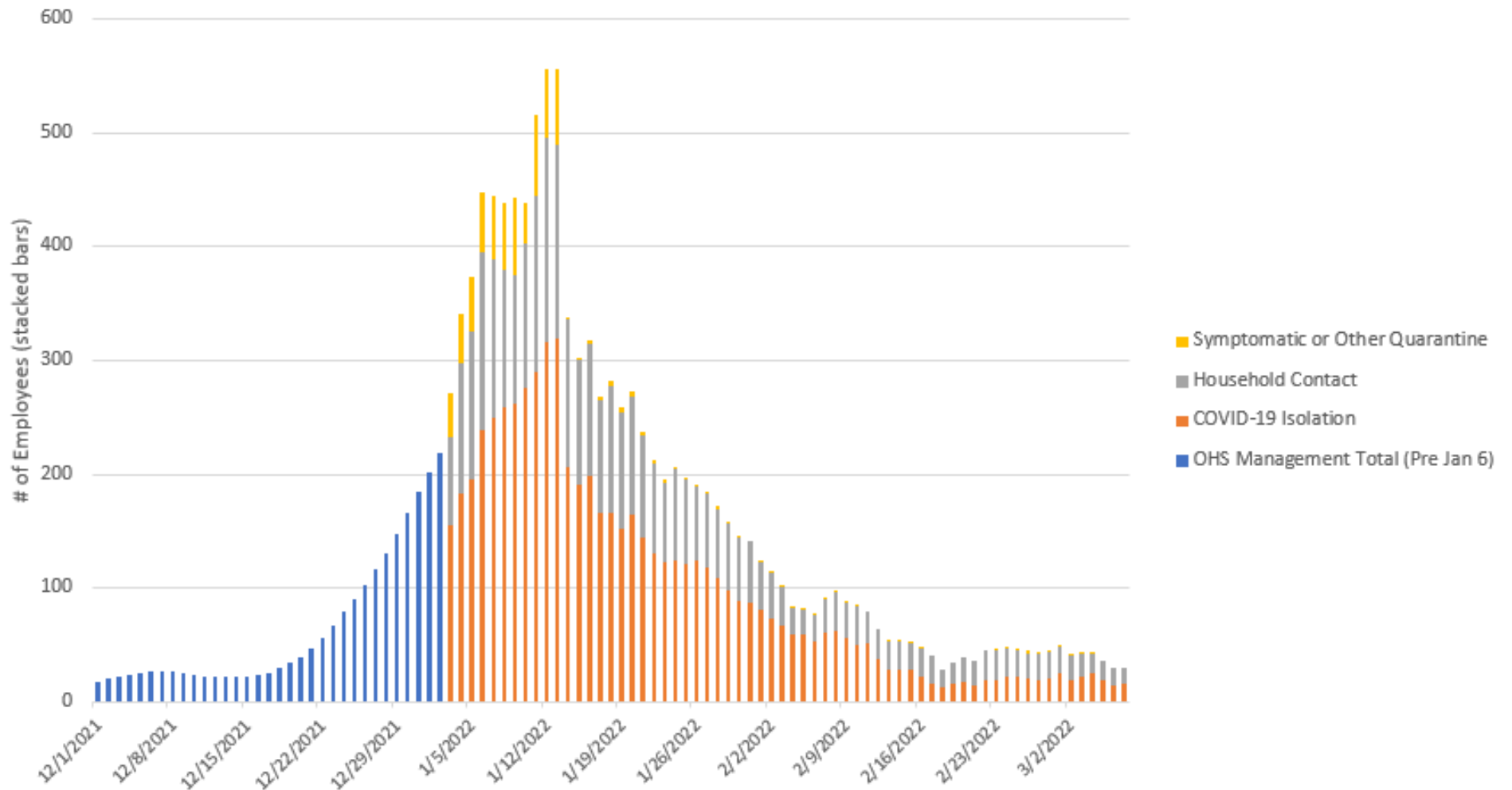
As of March 8, 2022, 1,348 ZSFG employees have tested positive for COVID-19.



SAFETY

Occupational Health Work Status Restrictions

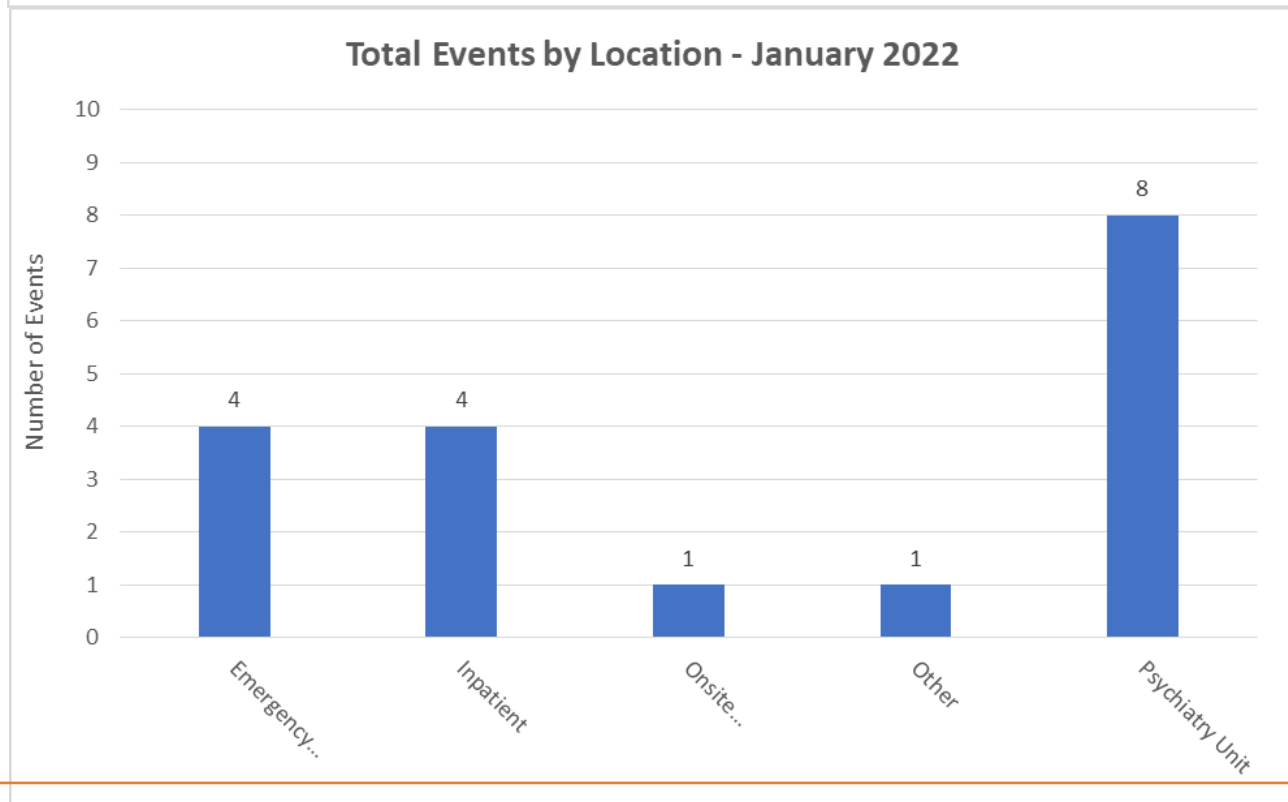
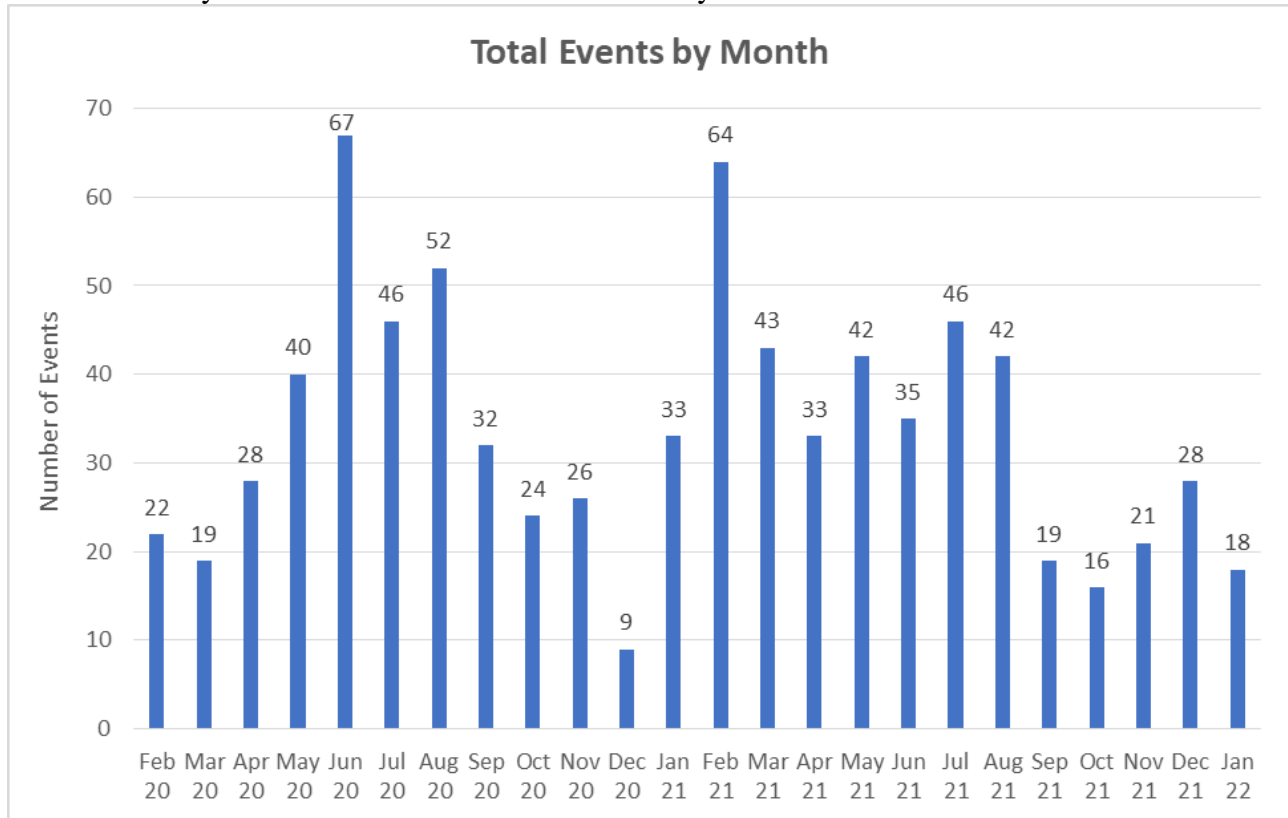
Employees in Occupational Health Services Management



SAFETY

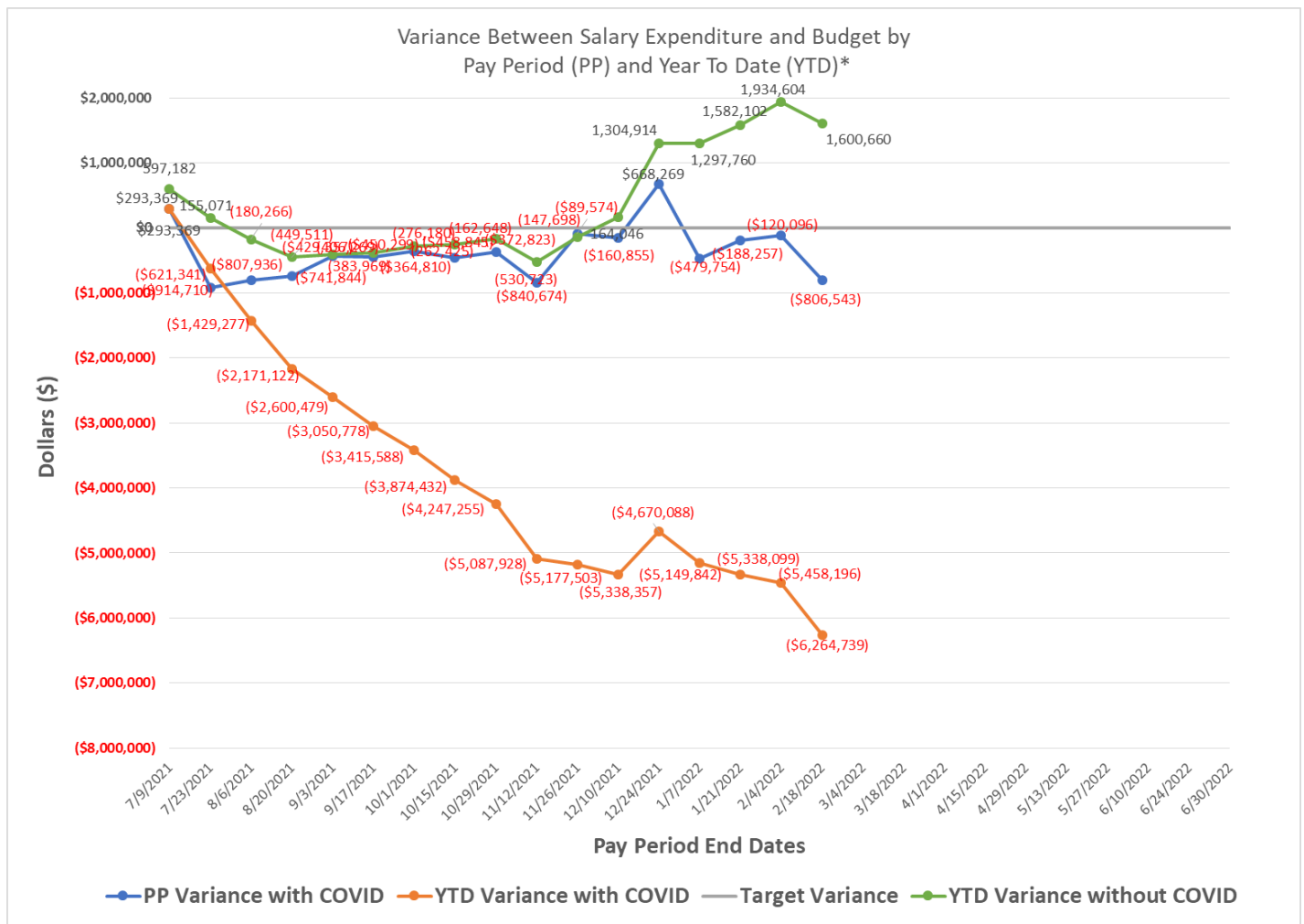
Workplace Violence Activity*

*Data is currently unavailable for the month of February 2022.



FINANCIAL STEWARDSHIP

Salary Variance



***Please note that the COVID-19 and other labor costs have not yet been separated out of our operating fund to be charged to the COVID-19 budget. Therefore, these variances will appear inflated. Below are the rough estimates for the expenses contributing to the inflated variance. The green line (above) represents what our YTD salary variance would have been without the pandemic.**

No.	Cost	Amount
1	COVID Temp Hires (unbudgeted)	\$1,832,825
2	H48 COVID Staffing	\$333,792
3	H52	\$198,816
4	H58 (Non-COVID Census Project)	\$31,920
5	COVID Sick Time	\$5,468,046
	TOTAL	\$7,865,399

Commissioner Comments:

Commissioner Green congratulated ZSFG on the effectiveness of its urgent care clinic and its absorption of transfers from the Emergency Department. She asked for information regarding the amount of time a patient may spend in the Emergency Department before it is determined that they can be managed by the Urgent Care Clinic. Dr. Day stated that the transfer usually happens in the first 10 minutes. He noted that there are set algorithms in place to assist with this process. He also added that the transfer time depends on the wait time in the Urgent Care Clinic.

Commissioner Chow asked if patients must go to Building 5 from the Emergency Department. Dr. Ehrlich stated that the walk between buildings is very short. If staff are available, the patient may be accompanied but most of the time the patient walks on their own. Dr. Carlisle stated that many patients are triaged in Building 5 and sent immediately to Urgent Care; only 1/5 of the patients go to the Emergency Department first.

Commissioner Chow asked for more information on the length of wait time at the Urgent Care Clinic. Dr. Day stated that the average time from entering the clinic to leaving is 75 minutes. Dr. Marks stated that the average stay in the Emergency Department is 3 ½ hours.

5) ZSFG HIRING AND VACANCY REPORT

Karrie Johnson, Departmental Personnel Officer, DPH, presented the item.

Commissioner Comments:

Commissioner Green asked if Emergency Department nurses work 8 or 12 hour shifts. Ms. Dentoni stated that most shifts are 12 hours, but there are some 8 hour shifts too. ZSFG is considering a more flexible nursing shift schedule to accommodate the shifting preferences of the workforce.

6) MEDICAL STAFF REPORT

Lisa Winston, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:

Commissioner Chow thanked Dr. Carlisle for all the incredible work she has done on behalf of the partnership between the DPH/ZSFG and UCSF. He feels privileged to have worked with her for so long, while a long-term member of the Health Commission. He appreciates her collegiality and many contributions that she made to the overall health of San Franciscans.

Commissioner Green stated that she is appreciative of Dr. Carlisle's leadership and all the impactful work she has contributed over the decades.

Action Taken: The ZSFG JCC unanimously approved the following:

- Family and Community Medicine Rules and Regulations

7) OTHER BUSINESS

This item was not discussed.

8) PUBLIC COMMENT

There was no public comment.

9) CLOSED SESSION

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENTSAFETY REPORTS AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)(2) and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved February 2022 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 5:16pm.